

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>49E004</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/25/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BEDFORD CO NURSING HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1229 COUNTY FARM ROAD</b> <b>BEDFORD, VA 24523</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>Construction Type: V(111)</p> <p>Number of stories: One Story</p> <p>Building description: The building is a one-story building with four wings. A-wing is 12,054 sq. ft. and houses 30 residents. B-wing is 11,040 sq. ft. and houses 30 residents. C-wing is 12,054 sq. ft. and houses 30 residents. D-wing is the Administration Building. There are no resident rooms located in the administrative wing, however, it contains a physical therapy room, and beauty shop with customary access by residents. D-wing also contains the laundry, mechanical room, and kitchen. D-wing was approved initially to have corridors smaller than 8 ft. in the enclosed administrative office area only, where no residents are allowed. The separation rating at ceilings, corridors, and between resident rooms is one-hour.</p> <p>Sprinkler Status: The building is fully sprinklered and protected by NFPA #13 systems supplied by Municipal water.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted 09/14/16 was conducted on 10/25/16, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B.</p>			{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.